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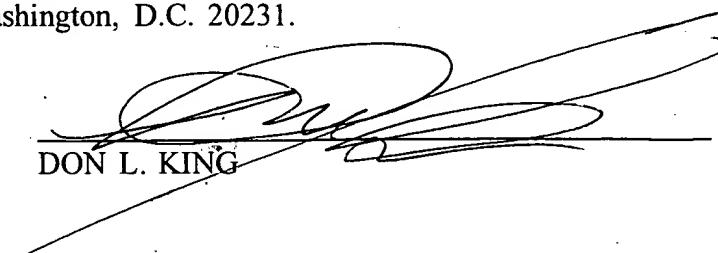
<b>Attorney Docket No.</b>	:	MICRON.003C1
<b>Applicant(s)</b>	:	Fazan et al.
<b>For</b>	:	STREAMLINED FIELD ISOLATION PROCESS
<b>Attorney</b>	:	James B. Bear
<b>"Express Mail"</b>	:	
<b>Mailing Label No.</b>	:	EM4240211774US
<b>Date of Deposit</b>	:	March 10, 1998

I hereby certify that the accompanying

Transmittal in Duplicate; Specification in 9 pages; 4 sheets of drawings;  
Declaration by inventors in 2 pages **COPY FROM PARENT CASE**; Power of  
Attorney form and copy of assignment **COPIES FROM PARENT CASE**;  
Check(s) for Filing Fee(s); Return Prepaid Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to  
Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the  
Assistant Commissioner for Patents, Washington, D.C. 20231.

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Attorney Docket No. MICRON.003C1  
Date: March 10, 1998  
Page 1



ASSISTANT COMMISSIONER FOR PATENTS  
WASHINGTON, D.C. 20231

ATTENTION: APPLICATION BRANCH

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Pierre C. Fazan, Viju K. Matthews and Nanseng Jeng

For: STREAMLINED FIELD ISOLATION PROCESS

Enclosed are:

- (X) 4 sheet(s) of drawings.
- (X) This application is a continuation of prior application 08/519,451, filed August 25, 1995.
- (X) A copy of Declaration from the prior application is enclosed.
- (X) A copy of power of attorney form and copy of assignment from the prior application is enclosed.
- ( ) Deletion of Inventors: Signed statement attached requesting deletion of person(s) not inventor(s) in the present application.
- (X) Incorporation by Reference. The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- (X) Return prepaid postcard.

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CLAIMS AS FILED

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee			\$790	\$790
Total Claims	10 - 20 =	0 x	\$22	\$0.00
Independent Claims	3 - 3 =	0 x	\$82	\$0.00
If application contains any multiple dependent claims(s), then add			\$270	\$0.00
<b>TOTAL FILING FEE</b>				<b>\$790</b>

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- (X) A check in the amount of \$790 to cover the filing fee is enclosed.

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Date: March 10, 1998

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- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 11-1410. A duplicate copy of this sheet is enclosed.
- (X) Please use Customer No. 20,995 for the correspondence address.



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